

Name		BIRTH DATE		AGE <input type="checkbox"/> M <input type="checkbox"/> F		ACCOMPANIED BY/INFORMANT		PREFERRED LANGUAGE	
ID NUMBER		CURRENT MEDICATIONS See other side for current medication list				DRUG ALLERGIES			
WEIGHT (%)	HEIGHT (%)	BMI (%)	BMI RANGE: <input type="checkbox"/> <5% (under) <input type="checkbox"/> 5-84% (healthy) <input type="checkbox"/> 85-94% (over) <input type="checkbox"/> 95-98% (obese) <input type="checkbox"/> ≥99% (obese)		HEAD CIRC (%)	TEMPERATURE	DATE/TIME		

See growth chart.

BF = Bright Futures Priority Item

History

Physical Examination

BF

☐ Previsit Questionnaire reviewed

BF

☐ Child has a dental home

BF

Concerns/questions raised by _____
☐ None ☐ Addressed (see other side)

BF

Follow-up on previous concerns ☐ None ☐ Addressed (see other side)

BF

☐ Medication Record reviewed and updated

☒ = Reviewed w/Findings **OR** ☒ NL = Reviewed/Normal

☐ GENERAL APPEARANCE _____ ☐ NL

BF

☐ SKIN (nevi, café au lait, bruising) _____ ☐ NL

☐ HEAD / FONTANELLE _____ ☐ NL

BF

☐ EYES (red reflex, cover/uncover test) _____ ☐ NL

☐ EARS/APPEARS TO HEAR _____ ☐ NL

☐ NOSE _____ ☐ NL

☐ MOUTH AND THROAT _____ ☐ NL

BF

☐ TEETH (caries, white spots, staining) _____ ☐ NL

☐ NECK _____ ☐ NL

☐ LUNGS _____ ☐ NL

☐ HEART _____ ☐ NL

☐ FEMORAL PULSES _____ ☐ NL

☐ ABDOMEN _____ ☐ NL

☐ GENITALIA _____ ☐ NL

☐ Male/Testes down _____ ☐ NL

☐ Female _____ ☐ NL

BF

☐ NEUROLOGIC (gait, coordination) _____ ☐ NL

☐ EXTREMITIES/HIPS _____ ☐ NL

☐ MUSCULOSKELETAL _____ ☐ NL

☐ HYGIENE _____ ☐ NL

☐ BACK _____ ☐ NL

BF

Comments _____

Social/Family History

BF

Family situation ☐ Single Parent

BF

Parents working outside home: ☐ Mother ☐ Father

BF

Child care: ☐ Yes ☐ No Type _____

BF

Changes since last visit _____

BF

☐ Tobacco Exposure

Review of Systems

☒ = NL Date of last visit _____

Changes since last visit _____

Nutrition: ☐ Breast ☐ Bottle ☐ Cup

☐ Milk (24oz/day) _____ Ounces per day _____

☐ Solid Foods ☐ Juice ☐ Meals times/day _____

☐ Nutrition, balanced, eats with family

Source of water _____ Vitamins/Fluoride _____

Elimination: ☐ NL _____

Sleep: ☐ NL _____

Behavior: ☐ NL _____

Activity (playtime, no TV): ☐ NL _____

Development (if not reviewed in Previsit Questionnaire)

☐ Structured developmental screen ☐ NL

Developmental Screening Tool

ASQ score _____ ☐ pass ☐ refer

PEDS score _____ ☐ pass ☐ refer

☐ Autism-specific screen ☐ NL

MCHAT Part I score _____ ☐ pass ☐ refer

MCHAT Part II (only if part I fails) score _____ ☐ pass ☐ refer

☐ PHYSICAL DEVELOPMENT

☐ COMMUNICATIVE

☐ SOCIAL-EMOTIONAL

☐ COGNITIVE

☐ SOCIAL-EMOTIONAL

☐ COGNITIVE

(see other side for plan, immunizations and follow-up)

Assessment

BF

☐ Well Child

Anticipatory Guidance

☒ = Discussed and/or handout given

- ☐ Identified at least one child and parent strength
- ☐ Raising Readers book given
- ☐ Keep home/car smoke free

BF

☐ FAMILY SUPPORT

BF

☐ CHILD DEVELOPMENT AND BEHAVIOR

BF

☐ SAFETY

BRIGHT FUTURES

BRIGHT FUTURES

NAME	Male Female	Medical Record Number	DOB Actual age (months): <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20
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Current Medications _____

Plan

BF Patient is up to date, based on CDC/ACIP immunization schedule. ☐ Yes ☐ No
If no, immunizations given today. ☐ Yes ☐ No
ImmPact2 record reflects current immunization status: ☐ Yes ☐ No

☐ Immunization plan/comments _____

☐ Ask about WIC

Oral Health

Oral health risk assessment ☐ Completed ☐ Low ☐ Mod ☐ High

Has a dental home ☐ Yes ☐ No

Dental fluoride varnish applied ☐ Yes ☐ No

Dental Visit in Past Year ☐ Yes ☐ No

Well water testing ☐ Yes ☐ No

BF Laboratory/Screening results _____

Hearing screen _____

☐ Previously done Date completed _____

PPD / Lead* / Anemia**

☐ PPD done (if exposure risk) / date done _____ / _____ / _____

PPD result if done ☐ Neg ☐ Pos

PPD plan/comments _____

☐ Lead drawn in office

☐ Lead test ordered / date done _____ / _____ / _____

Lead results _____

Lead range ☐ <10 ☐ 10-14 ☐ 15-19 ☐ >19

Lead plan/comments _____

☐ Hgb/Hct ordered / date done _____ / _____ / _____

Hgb/Hct result: Hgb _____ Hct _____ ☐ Referral at 6 months if still anemic

Hgb/Hct plan/comments _____

☐ Hgb/Hct results shared with WIC

**All children enrolled in MaineCare should be lead tested at 1 year old and at 2 years old. All other children should be tested at these ages, unless lead risk assessment indicates they are not at risk for lead exposure.*

***WIC recommends anemia testing at 9-12 months with re-test in 6 months (15 to 18 months). If normal, re-test annually to age 5. If abnormal, re-test every 6 months; convert to annual testing once normal result is obtained. WIC may perform anemia testing.*

MaineCare Member Support Requested

☐ Transportation to appointments

☐ Find dentist

☐ Find other provider

☐ Make doctor's appointment

☐ **Public Health Nurse referral**

☐ Family aware

BF Referral to _____

BF Follow-up/Next Visit _____

Narrative Notes:

EXAMINER'S SIGNATURE	DATE
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